

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

CITY CLERK DEPARTMENT  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNTING  
(Ethics Commission filers)

2003 APR 3

Total pages filed:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Charles C.  
NICKNAME LAST SUFFIX  
Charlie Hooten

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
548 Satellite Dr. El Paso TX 79912-3308

☐ Change of Address5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
William B.  
NICKNAME LAST SUFFIX  
Bill Hooten

## OFFICE USE ONLY

Date Received

2003 APR 3 AM 11:57

CITY CLERK DEPARTMENT

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

0

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
924 Cortijo El Paso TX 79912

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 915 ) 584-8176

## 8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
2 / 20 / 03 THROUGH 3 / 24 / 03

## 10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5 / 3 / 03  
☐ Primary ☐ Runoff ☒ General ☐ Special

## 11 OFFICE

OFFICE HELD (if any)

## 12 OFFICE SOUGHT (if known)

El Paso City Representative, Dist. 1

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME**

Charles C. Hooten

**15 ACCOUNT #** (Ethics Commission filers)**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE  
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 425.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1995.75

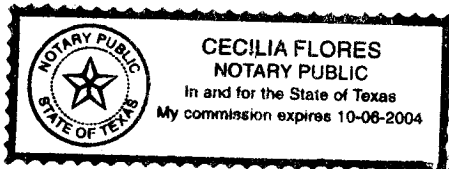
**OUTSTANDING  
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2000.00

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Charles Hooten*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Hooten, this the 3rd day of April, 2003, to certify which, witness my hand and seal of office.

*Cecilia Flores*  
Signature of officer administering oath

Cecilia Flores  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

Charles C. Hooten

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-25-03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Regina Jarvis

7 Amount of  
contribution (\$)  
\$25.00

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code  
300 Cabaret El Paso TX 79912

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-9-03

Full name of contributor

☐ out-of-state PAC (ID#)

Lloyd I. Dudding (Brother-in-law)  
Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

\$400.00

Created web site:  
[http://rootinforhooten.  
ontheweb.com/](http://rootinforhooten.ontheweb.com/)

137 N. Orange Ave. #118 Brea, CA 92821

Principal occupation (Optional)

Web Creator and Master

Employer (Optional)

Self-employed

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date**6** Full name of pledgor   ☐ out-of-state PAC (ID#:**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address;   City;   State;   Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor   ☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;   City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor   ☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;   City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor   ☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;   City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor   ☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;   City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F: 1**2 FILER NAME**

Charles C. Hooten

**3** ACCOUNT # (Ethics Commission filers)**4** Date

3-3-03

**5** Payee name

Clear Channel Outdoor Advertising

**7**

Amount

(\$)**1940.00****6** Payee address; City; State; Zip Code

2305 Sparkman St. El Paso TX

**8** Purpose of payment (See instructions regarding type of information required.)

2 Billboards

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

2-27-03

Payee name

County Elections Dept.

Amount

(\$)**30.00**

Payee address; City; State; Zip Code

500 E. San Antonio El Paso, TX 79901

Purpose of payment (See instructions regarding type of information required.)

CD of District 1 Voters in 2001

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

3-10-03

Payee name

City of El Paso

Amount

(\$)**4.00**

Payee address; City; State; Zip Code

1 Civic Center Plaza El Paso, TX 79901

Purpose of payment (See instructions regarding type of information required.)

Copy of City Charter

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

3-18-03

Payee name

Miscellaneous

Amount

(\$)**1.75**

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E: 1**2** FILER NAME  
Charles C. Hooten**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

**5** Date of loan  
3-3-03**7** Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Charles C. Hooten**9** Loan Amount (\$)  
\$2000.00**6** Is lender a  
financial Institution?  
XXX **NO****8** Lender address; City; State; Zip Code  
Self: 548 Satellite, El Paso, TX 79912**10** Interest rate  
0**11** Maturity date **N/A****12** Description of Collateral☒ none**13** GUARANTOR  
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☒ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a  
financial Institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

☐ none**GUARANTOR  
INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

